

APPLICATION DATA SHEET**APPLICATION INFORMATION**

Application Type::	Regular
Subject Matter::	Utility
Title Line One::	COMPOSITIONS AND METHODS
Title Line Two::	COMPRISING PROSTAGLANDIN
Title Line Three::	RELATED COMPOSITIONS AND
Title Line Four::	TREFOIL FACTOR FAMILY
Title Line Five::	PEPTIDES FOR THE TREATMENT
Title Line Six::	OF GLAUCOMA WITH REDUCED
Title Line Seven::	HYPEREMIA
Attorney Docket Number::	17629 (AP)
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Small Entity?::	NO
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	None
Contract or Grant Numbers::	None
Secrecy Order in Parent Appl.?::	NO

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: PETER
Middle Name:: G.
Family Name:: BAKHIT
Name Suffix::
City of Residence:: HUNTINGTON BECH
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 8441 Spring Circle
City of mailing address:: HUNTINGTON BEACH
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 92646

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: RICHARD
Middle Name::
Family Name:: GRAHAM
Name Suffix::
City of Residence:: IRVINE
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 5066 BALSABWOOD
City of mailing address:: IRVINE
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 92612

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	OREST
Middle Name::	
Family Name::	OLEJNIK
Name Suffix::	
City of Residence::	COTO DE CAZA
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	5 ADDINGTON PLACE
City of mailing address::	COTO DE CAZA
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	92679

CORRESPONDENCE INFORMATION

Correspondence Customer Number::

Name Line One:: Brent A. Johnson

Name Line Two:: Allergan, Inc.

Street of mailing address:: 2525 Dupont Drive

City of mailing address:: Irvine

State or Province of mailing address: California

Country of mailing address:: US

Postal or Zip Code of mailing address:: 92612

Phone Number:: 714-246-4348

Fax Number:: 714-246-4249

E-mail address:: johnson_brent@allergan.com

Representative Information

Representative Designation::	Registration Number::	Representative Name::
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Primary::	51,851	Brent A. Johnson
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Associate::	25,208	Martin A. Voet
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Associate::	25,806	Robert J. Baran
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Associate::	33,433	Stephen Donovan
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Associate::	36,510	Carlos A. Fisher
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Associate::	54,465	Dean G. Stathakis
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
THIS APPLICATION	National Stage of	PCT/US2004/027777	08/25/04
PCT/US2004/027777	An application claiming the benefit under 35 USC 119(e)	60/508,445	10/03/03

Assignee Information

Assignee name::	ALLERGAN, INC.
Street of mailing address::	2525 Dupont Drive
City of mailing address::	Irvine
State or Province of mailing address::	California
Country of mailing address::	US
Postal or Zip Code of mailing address::	92612